

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE UNDER RULE 116  
EXPEDITED HANDLING PROCEDURES

In re Patent Application of

Atty BJS-1114-218  
Dkt.

## Attachments:

ISHIDA ET AL.

TC/A.U.

C# 1795  
M#

(1) Amendment After Final  
Rejection; and  
(2) Terminal Disclaimer

Serial No. 10/554,099

Examiner: Dote

Filed: October 21, 2005

Date: December 21, 2009

Title: ELECTROPHOTOGRAPHIC PHOTORECEPTOR, ELECTROPHOTOGRAPHIC IMAGE FORMING METHOD, AND ELECTROPHOTOGRAPHIC APPARATUS

**Mail Stop AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

|                                        |    |                      |   |           |                                     |
|----------------------------------------|----|----------------------|---|-----------|-------------------------------------|
| Total effective claims after amendment | 43 | minus highest number |   |           |                                     |
| previously paid for                    | 43 | (at least 20) =      | 0 | x \$52.00 | \$0.00 (1202)/\$0.00 (2202) \$ 0.00 |

|                                    |   |                      |   |            |                                     |
|------------------------------------|---|----------------------|---|------------|-------------------------------------|
| Independent claims after amendment | 5 | minus highest number |   |            |                                     |
| previously paid for                | 5 | (at least 3) =       | 0 | x \$220.00 | \$0.00 (1201)/\$0.00 (2201) \$ 0.00 |

|                                                                                      |  |  |  |                                 |         |
|--------------------------------------------------------------------------------------|--|--|--|---------------------------------|---------|
| If proper multiple dependent claims now added for first time, (ignore improper); add |  |  |  |                                 |         |
|                                                                                      |  |  |  | \$390.00 (1203)/\$195.00 (2203) | \$ 0.00 |

|                                                                                                                       |  |  |  |                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) |  |  |  |                                                    |  |
|                                                                                                                       |  |  |  | One Month Extension \$130.00 (1251)/\$65.00 (2251) |  |

|                                                      |  |
|------------------------------------------------------|--|
| Two Month Extensions \$490.00 (1252)/\$245.00 (2252) |  |
|------------------------------------------------------|--|

|                                                         |  |
|---------------------------------------------------------|--|
| Three Month Extensions \$1110.00 (1253)/\$555.00 (2253) |  |
|---------------------------------------------------------|--|

|                                                        |  |
|--------------------------------------------------------|--|
| Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) |  |
|--------------------------------------------------------|--|

|                                                                 |  |
|-----------------------------------------------------------------|--|
| Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255) \$ 0.00 |  |
|-----------------------------------------------------------------|--|

|                                   |  |  |  |                                 |           |
|-----------------------------------|--|--|--|---------------------------------|-----------|
| Terminal disclaimer enclosed, add |  |  |  |                                 |           |
|                                   |  |  |  | \$140.00 (1814)/ \$70.00 (2814) | \$ 140.00 |

|                                                                  |                                                   |  |  |  |  |
|------------------------------------------------------------------|---------------------------------------------------|--|--|--|--|
| <input type="checkbox"/> Applicant claims "small entity" status. | <input type="checkbox"/> Statement filed herewith |  |  |  |  |
|------------------------------------------------------------------|---------------------------------------------------|--|--|--|--|

|                                                     |  |  |  |                 |         |
|-----------------------------------------------------|--|--|--|-----------------|---------|
| Rule 56 Information Disclosure Statement Filing Fee |  |  |  |                 |         |
|                                                     |  |  |  | \$180.00 (1806) | \$ 0.00 |

|                          |  |  |  |                |         |
|--------------------------|--|--|--|----------------|---------|
| Assignment Recording Fee |  |  |  |                |         |
|                          |  |  |  | \$40.00 (8021) | \$ 0.00 |

|        |  |  |  |    |      |
|--------|--|--|--|----|------|
| Other: |  |  |  |    |      |
|        |  |  |  | \$ | 0.00 |

|                                                     |  |  |  |  |           |
|-----------------------------------------------------|--|--|--|--|-----------|
| <b>TOTAL FEE PAID ELECTRONICALLY BY CREDIT CARD</b> |  |  |  |  | \$ 140.00 |
|-----------------------------------------------------|--|--|--|--|-----------|

 **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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NIXON & VANDERHYE P.C.  
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: \_\_\_\_\_ /B. J. Sadoff/